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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Morning Wood tree Service L.L.C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brandon Hesley Name of Person	
Murning wood tree Service L.C.	
12800 Vonn Rd Apt 8351 Address	
City/State and Zip Code Payless tree Service Qyahoo Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brandon Hesley at (727) 204 6504 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed))

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Myrning wood tree Service (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)	<u> </u>
The Articles of Organization for this Limited Liability Company w	rere filed on 11-29-20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Payless + ree service L The new name must be distinguishable and contain the words "Limited Liability		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.1 ~
(Principal office address MÚST BE A STRÉET ADDRESS)	NA	20 MAY - 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIA	150 5
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter t</u>	ne name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
		MA	□ Ch tug e
			SSA 8 SSA 8 SSA BANGER SAN BANG
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			□Add
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			□Add
			□ Remove
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is med.		
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Filing Fee: \$25.00